



Enrollment Form for New Members
Employed by a Charter School State Form 51037 (8-02)
Approved by the Indiana State Board of Accounts (2002)

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, Indiana 46204-2809
Telephone: (317) 232-3860/1-888-286-3544
Home Page: www.in.gov/trf

INSTRUCTIONS:

A member of the Indiana State Teachers' Retirement Fund should complete this form to initiate employment with a Charter School, as established under IC 20-5.5. The Charter School employer must certify a member meets all eligibility requirements.

Please submit this form within five (5) working days of the initial date of employment. In order to enroll the member, this form must be completed in full.

Privacy Notice

Your Social Security number is required by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory and this form will not be processed without requested information.

TRF Number (Office Use Only)

MEMBER INFORMATION			
Social Security Number:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:
First Name:	MI:	Last Name:	
Address:		Home Telephone Number:	
		Alternate Telephone Number:	
City:	State:	Zip Code:	

If you have not previously provided these documents, you are required to submit a copy of your Social Security Card and a Birth Certificate from a Public Health Department.

Signature of Member:	Date of Signature:
----------------------	--------------------

CHARTER SCHOOL EMPLOYER CERTIFICATION		
Employer Unit Number:	Name of Employer:	Date Employed:
Employer certifies the member is an employee of the Charter School: <input type="checkbox"/> Yes <input type="checkbox"/> NO		
By signing this form, the employer verifies an employee is qualified to serve as a teacher pursuant to Title 515 IAC et seq., and is certified by the Indiana State Board of Education.		
Authorized Signature:	Title:	Date of Signature: